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PTO/SB/06 (08-09)
Approved for use through 7/31/2006, Out9 6651-0032
U.S. Patant and Trademark Office; U.S. DEPARTMENT OF CORRESPONDED
to respond to a collection of information unless it displays a salid OMB control (surber, for the Peperwark Reduction Act of 1995, no persons are require

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 09938933		
CLAIMS AS FILED - PART I OTHER THAN											
			otumn 1)	atumn 2)		SWALLEVITTY		OR 1	OR SMALL ENTITY		
	FOR	MVS	ER FILEO	MUKE	MUNBER EXTRA		RATE	FEE		RATE	FEE
(C)	SIC FEE CFR 1.16(0))							1	OR		1
	TAL CLAINS CFR 1.16(c)		colmus 20 = -			1	x s=		OR.	X 3 -	
INDEPENDENT CLAIMS Q7 CFR 1.18(b))		IMS	minus 3 =				x s .		OR	×1 -	
MALTIPLE DEPENDENT CLASH PRESENT (37 CFR 1.16(4))					1			OR	+5 -	 	
* If the difference in column 1 is less than zero, enter '0' is column 2.							TOTAL		OR	TOTAL	· · ·
							ioia	L	,	IOIAL.	<u> </u>
CLAIMS AS AMENDED - PART II (a: //a // Same as a contract of the contract of											
				(Column 2)	(Column 3)	_	SMALL	ENTITY	OR		ENTITY
AMENDMENT &		CLAMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
M	(27 CFR LVE(c))	. 8	Minus	-00	0		x 1 =		OR	x s =	
Ä	Endopendent (SF OFR 1,16(0))	1. 8	Minus	-3	B		x s=		OR	x s	
₹	FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (07 CFR 1.16(0))						+: -		OR	+2 -	
						•	TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	
ď	18/05	(Cotumn 1)		(Column 2)	(Column 3)						•
IENDMENT W	-	CLABAS REALANING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		.RATE	ADOI- TIONAL
	Total (घर ठम्स १.१६(द)	5	Minus	720	*		x s =		OR	x s_ =	
	Independent pr CFR LVERS	.5	Minus	R	•		xs =		OR	X	
₹	FIRST PRESENTATION OF MULTIPLE DEPONDENT CLASS. (\$7 CFR 1.16(4))					ŀ	+:		OR	+ 3	7
						•	TOTAL -		OR	TOTAL ADD'S FEE	
(Cohema 1) (Cohema 2) (Cohema 3)							where	لـــنـــا	• • • • • • • • • • • • • • • • • • •	ADULFEE	-
N)	· ·	CLAMES		(Column 2) HIGHEST	(Column 3)	1				3	
AMENDMENT		REMAINING AFTER AMENDMENT	·	. MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI: TIONAL FEE
8	Total (CF CFR 1.1654)		Minus	-	•		X.8=		OR	x \$=	. :
AEN EN	frdependent OF CFR 1.160/B		Minus	-	•		x \$=		OR	x s•	
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+; .		OR	+1 -	·
							TOTAL ADD'L FEE		OR:	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3. ** If the "Righest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'. *** If the "Righest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.											

The 10ghest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 estudes to complete, including gathering, preparing, and submitting the completed application form to USPTO. These will very depending upon the individual case. Any comments on the amount of time you require to complete this form endior suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO TRIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

89 and select option 2.

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